



LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

June 17, 2008

Approved
6/24/08

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Jeff Goodman, <i>Co-Chair</i>	Mario Chavez	Jim Chud	Juhua Wu	Carolyn Echols-Watson
Kathy Watt, <i>Co-Chair</i>	Eric Daar	Anita Le		Jane Nachazel
Douglas Frye		Seth Levy		Glenda Pinney
Joanne Granai		Trip Oldfield		Craig Vincent-Jones
Michael Green		Jane Price		
Bradley Land				
Anna Long				
Quentin O'Brien				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 6/17/2008
- 2) **PowerPoint:** Other Streams of Funding for HIV/AIDS Services, 6/17/2008
- 3) **List:** Ryan White Program Service Category Definitions, 5/14/2007
- 4) **List:** HIV Service Category Definitions, 11/27/2007
- 5) **PowerPoint:** Ryan White Program Part A/Part B Year 19 Allocations OAPP Recommendations, 6/17/2008

1. **CALL TO ORDER:** Ms. Watt called the meeting to order at 1:40 pm. Given the meeting agenda of allocations, committee members identified their potential conflicts of interest.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the P&P Committee Meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no public comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:**
 - Ms. Watt announced that Rebecca Heath-Johnson, former Commissioner, had passed away on June 15th.
 - Ms. Watt reported that the HE/RR RFP had been released. Ms. Granai thanked OAPP for the requirement that applicants seeking to provide services for SPA 1 had to be housed in the SPA.
 - Ms. Watt reminded all that the week 6/22-6/28 was Counseling and Testing Week.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no items for follow-up.
7. **CO-CHAIRS' REPORT:** Due to the co-chairs schedule conflicts in July, the Committee agreed to change the meeting dates.
➔ Move the regularly scheduled July meeting from July 22nd to July 15th from 1:30 to 4:30 pm.

8. **FINANCIAL REPORTS:** Mr. Vincent-Jones reported a few format revisions had been made to the financial expenditure reports because they realized the certain data was not reporting what was intended. He informed the Committee that the next report would be the first Year 18 expenditure report.
9. **YR 19 PRIORITY- AND ALLOCATION-SETTING:**
- A. **Other Streams of Funding:** Mr. Vincent-Jones noted allocation-setting was the remaining step of the priority- and allocation-setting process. Ranking priorities reflects need for services, but as Ryan White funds are funds of last resort, it is important to consider the availability of other resources. Service and cost effectiveness are also important and often reflected in utilization data.
- ➡ Corrections to or reviews of PowerPoint information were: Slide 2, check whether "CHIPS" should be "SCHIP;" Slide 2, "Part III" would be changed to "Part C;" Legal Services resources would be reviewed for accuracy; CMS and Medicare services would be reviewed; DCFS would be added to Case Management; resources would be reviewed to ensure they pertained to services covered by the standards of care. Any later suggestions should be sent to Ms. Pinney.
- B. **OAPP Allocation Recommendations:**
- Dr. Green noted OAPP's principles for developing their allocations were used much like the Commission uses its paradigms and operating values. OAPP's principles include: increasing allocations to core medical services, increasing coordination with other funding streams, streamlining funding resources, providing minimum funding threshold to effect meaningful impact, and redistributing case management funding. Concentrating HRSA funds in fewer service categories would enhance outcome development for HRSA-funded categories and flexibility for NCC-funded categories.
 - Funding recommendations for core services remained the same overall, but were shifted from a Part A/B and NCC mix to Part A/B alone. Originally NCC funds began to be allocated to these categories to accommodate spikes in needs, so the shifts would return to a more streamlined funding picture. An increase of 0.4% to 1% to Medical Nutrition Therapy was recommended because OAPP felt the service could be more effective. An increase from 0.7% to 1.5% was recommended for Medical Case Management to help providers transition toward Medical Care Coordination (MCC).
 - Conversely, a decrease from 9.6% to 6% was recommended for Case Management, Psychosocial along with separation of Benefits Specialty and Case Management, Transitional to further support the shift toward MCC. It was recommended to increase Benefits Specialty from 0% to 2% to fund about 12 specialists and, with less stringent staff requirements than those for Psychosocial, separation would allow more provider hiring latitude. It was also recommended to shift Case Management, Home-Based to Part A/B from NCC funding and to increase Case Management, Transitional from 0% to 1% to accommodate the need for post-incarceration services currently being enhanced with a SPNS grant.
 - It was recommended to shift Language Services to NCC. Defunding from both Part A/B and NCC was recommended for Peer Support due to the lack of demonstrated outcomes and the prominence of a volunteer-based model nationally. As in Year 18, no provider had been identified for Child Care and there has been no additional effort to identify one.
 - Dr. Green noted that OAPP had been working with the state on Case Management, Home-Based but it was moving forward at a very slow pace, and standards were lower. OAPP planned to contract services based on the Commission's standards in hopes that the state would follow. It was thought that by shifting Residential, Transitional to NCC the HRSA 24-month cap would not be applicable. Meanwhile, enhanced coordination with other funding streams would be sought for it. OAPP recommended maintaining the funding level for Nutrition Support and Legal Services pending an in-depth review over the next six to eight months. While recommending maintenance of the Medical Transportation level at 1.9%, OAPP was also recommending institution of a bus pass co-pay.
 - Dr. Green said most services could be re-aligned with amendments to existing contracts while some would require RFPs. The goal was to manage the transition to MCC effectively. NCC funds could still be used to address issues arising during the year and to maximize the grant. Mr. Vincent-Jones noted the Commission could support OAPP in helping providers help consumers move through the transition. SPNs and CABs could help, too.
 - ➡ It was agreed to check with the HRSA Project Officer to confirm that Substance Abuse, Residential would not be covered by the 24-month cap. If it was covered, then other means would be sought to protect services as needed.
 - ➡ Mr. Vincent-Jones said he was aware of one large provider with several Benefits Specialists who had been funded through Program Support. Dr. Green agreed to check on funding for those positions.
 - ➡ Mr. Vincent-Jones noted the Commission had no authority over NCC funds but there was agreement with OAPP, that was going to be incorporated into the MOU, that recommendations would be made, as OAPP is making recommendations for the Commission's priority- and allocation-setting process. Dr. Green agreed with the intent and both agreed that the procedure for that exchange should be better delineated.
 - ➡ It was agreed that OAPP would add "Part A/Part B" on every slide and designate that the recommendations were for P&P consideration to avoid misunderstandings.

- ➡ It was agreed to compile a list of YR 18 and 19 rankings and allocations and send it to P&P prior to the June 24th meeting with columns for: Year 18 priorities, Year 19 priorities, Year 18 allocations, OAPP's Year 19 allocation recommendations, and two blank columns. Core Medical and Support services would be grouped. Other funding sources would show on the Financial Report. Categories would also be aligned between the priorities and OAPP recommendations, including separation of Hospice and Skilled Nursing Facility, and addition of ADAP Enrollment which had to be addressed separately from Benefits Specialty due to a previous rate study.

10. **2009 COMPREHENSIVE CARE PLAN:** Ms. Watt said the group had met, a timeline was developed and assignments were developed.
11. **DATA SUMMIT PLANNING:** There was no report.
12. **SERVICE PROVIDER NETWORKS:** The item was postponed.
13. **GEOGRAPHIC ESTIMATE OF NEED:** The item was postponed.
14. **OTHER STREAMS OF FUNDING:** The item was postponed.
15. **STANDING SUBCOMMITTEES:** There were no reports.
16. **COMMITTEE WORK PLAN UPDATE:** The item was postponed.
17. **NEXT STEPS:** The item was postponed.
18. **ANNOUNCEMENTS:** There were no announcements.
19. **ADJOURNMENT:** The meeting was adjourned at 3:40 pm.